

NWX-DISEASE CONTROL & PREVENTI (US)

**Moderator: Dale Babcock
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10:00 am CT**

Coordinator: Thank you for standing by. At this time all participants are in a listen only mode. After the presentation we will conduct a question and answer session. To ask a question please press the star 1.

Today's conference is being recorded if you have any objections you may disconnect at this time. I would like to introduce your host for today's conference, (Elizabeth Kalayil) you may begin.

(Elizabeth Kalayil): Yes, thank you. Welcome to the Healthcare Personnel Safety Component Training session where the influenza vaccination summary of the Healthcare Personnel Vaccination Module.

My name is (Elizabeth Kalayil) and I work as a contractor in the Immunization Services Division at CDC. I'll be presenting information during the first part of the Webinar.

This presentation will cover several topics. The first objective is to provide an overview of the National Healthcare Safety Network or NHSN and the Healthcare Personnel Vaccination Module.

This is where users will enter data for the healthcare personnel influenza vaccination summary. The steps on how to get started in the healthcare personnel safety component will then be reviewed along with the surveillance and reporting requirements for the module and the data reporting forms that facilities will need to use.

The last segment of the presentation will outline data analysis features of the module. First, we will briefly cover some background information on NHSN. NHSN is a secure internet based surveillance system that is managed by the Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion.

The purposes of NHSN are to collect data from the sample of healthcare facilities to permit valid estimations of the magnitude of adverse events and adherence to practices to prevent adverse events.

NHSN also analyzes and reports the data collected to permit recognition of trends and provide facilities with data that can be used for inter-facility comparisons and local quality improvement activities.

NHSN also enables healthcare facilities to use the system to report healthcare associated infections and prevention practice adherence data to the Centers for Medicare and Medicaid Services or CMS to fulfill CMS's quality measure reporting requirements for those data.

A comprehensive list of purposes can be found using the Website link that is listed on this slide. Assurance of confidentiality is provided by the Public Health Service Act. NHSN takes confidentiality very seriously and makes every effort to protect all facilities that participate.

NHSN is divided in five components: patient safety, healthcare personnel safety, bio-vigilance, long term care facility and dialysis. Each component can have multiple modules.

This training is focusing on the healthcare personnel safety component which consists of two modules, the Healthcare Personnel Vaccination Module and the healthcare personnel Exposure Module. We will discuss the Healthcare Personnel Vaccination Module during this presentation.

The influenza vaccination summary is located within the Healthcare Personnel Vaccination Module. Staff members in healthcare facilities can use the influenza vaccination summary to monitor influenza vaccination percentages among healthcare personnel.

The summary- Webbel reporting replaces individual-Webbel reporting of vaccination status for healthcare personnel. And this was previously available through NHSN. Now we will go over some basic elements of the healthcare personnel influenza vaccination summary.

Healthcare facilities can use the Healthcare Personnel Vaccination Module within NHSN to enter healthcare personnel influenza vaccination summary data.

It is designed to ensure that healthcare personnel influenza vaccination reported coverage is both consistent over time within a single healthcare facility and comparable across facilities.

Using NHSN reporting requirements to monitor influenza vaccination among healthcare personnel may also result in increased influenza vaccination uptake among healthcare personnel because improvements in tracking and reporting healthcare personnel influenza vaccination status will allow healthcare institutions to then identify and target unvaccinated healthcare personnel.

Increased influenza vaccination coverage among healthcare personnel is expected to result in reduced morbidity and mortality related to influenza virus infection. Data are collected on denominator and numerator categories.

To be included in the denominator healthcare personnel must be physically present in the facility for at least one working day between October 1st through March 31st. This includes both full time and part time healthcare personnel.

There are three required denominator categories: employees, licensed independent practitioners, and adult students, trainees and volunteers. Facilities are required to collect data on influenza vaccinations, medical contraindications, declinations and unknown status for the numerator categories.

Each facility must report all numerator categories for the three required denominator categories. The next slides provide an overview on how to get started in the Healthcare Personnel Vaccination Module and the healthcare personnel safety component.

As you may already know, inpatient psychiatric facilities can either be free standing facilities or units within affiliated acute care or critical access facilities. There are important differences in the way healthcare personnel influenza vaccination summary data are entered into NHSN for these two types of inpatient psychiatric facilities.

Please be sure to pay special attention to the guidance for your specific facility. Freestanding facilities will be referred to as freestanding inpatient psychiatric facilities. And units within affiliated acute care or critical access facilities will be referred to as inpatient psychiatric facility units.

So now we will talk about how to use the healthcare personnel safety component. First, we will go over some key roles in NHSN. The facility administrator is the person enrolling in the facility in NHSN, is the only person who can activate additional components for a facility, has add, edit and delete rights to facility data, users, and users' access.

They have the authority to nominate or join groups for data sharing and is the only person who can reassign the role of facility administrator to another user. There can only be one facility administrator per NHSN facility.

Users have the ability to view, enter and analyze data but these rights are determined by the official administrator. Users may also be given administrative rights.

For facilities to participate in the healthcare personnel safety component they must either enroll in NHSN or add the inpatient psychiatric facility unit as the location within the affiliated NHSN acute care or critical access hospital and then activate the healthcare personnel safety component.

Enrollment in NHSN is required for facilities that are currently not participating in NHSN for any other type of reporting and wish to participate in the healthcare personnel influenza vaccination reporting.

Please follow the link on this slide for more information on enrollment. During the enrollment process facilities may choose to participate in any of the NHSN components. Many facilities will already be enrolled in NHSN due to other reporting requirements.

If you are an IPF unit you'll need to make sure that your unit has been added as a location within the affiliated NHSN acute care or critical access hospital. The healthcare personnel influenza vaccination data will be reported as a unit within the affiliated acute care or critical access facility.

If the facility is already enrolled in NHSN and wishes to participate in the healthcare personnel safety component, the facility must activate the component within NHSN.

For inpatient psychiatric units residing within an acute care or critical access hospital, the healthcare personnel safety component will likely already be activated as your affiliated acute care or critical access hospital has been reporting healthcare personnel influenza vaccination data for the CMS acute care facility reporting program.

If you're a freestanding inpatient psychiatric facility that is not enrolled in NHSN, you must designate an individual to be your NHSN facility administrator and then complete the five step enrollment process.

If your facility is already enrolled in NHSN you must get in contact with your NHSN facility administrator and ask him or her to activate the Healthcare

Personnel Safety Component. If you're unsure of your facility's status within NHSN - excuse me, please email NHSN@CDC.gov.

For those that are IPF units within an affiliated acute care or critical access hospital it is very likely that your acute care or critical access hospital is already enrolled and has activated a healthcare personnel safety component for reporting and acute care or critical access specific data.

Confirm with the NHSN facility administrator that your IPF unit has been added as a located within your NHSN facility. If the location has not been added, take the necessary steps to add the location using the guidance provided in the link.

This involves entering the IPF-specific CCN into NHSN. Again, if you're unsure of your facility's status within NHSN please email NHSN@CDC.gov. To activate the healthcare personnel safety component the facility administrator logs into SAMS.

Please note that only the NHSN facility administrator can activate a new component. Next click on NHSN reporting from the SAMS login page. From the homepage the facility administrator will select add/edit component under the facility tab.

Next, the facility administrator will check the healthcare personnel safety component. . The facility administrator can then add the name, phone, email and address for the person so that or she can be reached if CDC has updates or questions.

The facility administrator can then add the primary contact as a user within the NHSN facility. To do so, the facility administrator should click user on the navigation bar and then click add.

Next, the facility administrator should complete the mandatory fields for the add user screen which consists of the user ID, first name, last name and email address.

Other users can be added by the facility administrator as a new healthcare personnel safety component primary contact. The facility administrator should make sure that at least one healthcare personal safety component user has administrative rights and in general this should be the healthcare personnel component primary contact.

Users with administrative rights will be able to add additional component users and share data using the group function of the component. The edit user right screen should appear after you save the new user information.

The user with administrative rights can then select the Webbel of rights to confer to the user. This step must be completed for new users to have access to any of the system features within the component.

Please make sure to confer the proper rights to your users. New users to NHSN must register with the Secure Access Management Services or SAMS and will automatically receive an invitation to SAMS after being added as a user to the facility.

After receiving an invitation to register individuals will need to complete and submit identity verification documents to CDC. You'll receive confirmation once these documents are approved, and a SAMS group card will be delivered

to your home address. You will then be able to access NHSN using your SAMS credentials.

The entire enrollment process takes on average 30 to 60 days. The majority of that time is spent waiting for the SAMS group to process your identify verification documents. Therefore, we recommend that you allow for adequate time to complete the NHSN enrollment process prior to entering your healthcare personnel influenza vaccination data.

You can find information about the SAMS process using the link listed on the slide. So now we'll review the specific reporting requirements for the healthcare personnel influenza vaccination summary.

The healthcare personnel influenza vaccination summary protocol provides guidance for a facility to collect and report influenza vaccination summary data for the Healthcare Personnel Vaccination Module.

It includes comprehensive information about reporting requirements and specifications such as numerator and denominator categories, methodology, data analyses, and key terms. Each facility should thoroughly review the protocol before collecting and entering data.

As mentioned previously there are three required denominator categories. One category consists of employees while the other two categories consist of nonemployees. One nonemployee category is licensed independent practitioners and the other nonemployee category includes adult students, trainees, and volunteers.

To be included in the denominator all healthcare personnel must be physically present in the facility for at least one working day during the reporting period which is between October 1st through March 31st.

This slide shows the top portion of the healthcare personnel influenza vaccination summary form which lists the denominator categories. Employees are defined as all persons receiving a direct paycheck from the healthcare facility and that's regardless of clinical responsibility or patient contact.

The second denominator category consists of nonemployee licensed independent practitioners: specifically physicians, advanced practice nurses, and physician assistants who are affiliated with the healthcare facility but are not on the facility's payroll.

And again, that's regardless of clinical responsibility or patient contact. This category also includes post residency fellows. The third required denominator category consists of nonemployee adult students, trainees, and volunteers who are aged 18 and over.

This is defined as medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility but are not on the facility's payroll and that's regardless of clinical responsibility or patient contact.

The fourth denominator category consists of nonemployee contract personnel. Reporting for this category is optional at this time. Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the other denominator categories.

Some examples include dialysis technicians, occupational therapists and and pharmacists. Please refer to Appendix A of the healthcare personnel influenza vaccination summary protocol for a suggested list of contract personnel.

If a facility decides to report the contractor data it can know which categories of contract personnel are included in their data by using the comments function in NHSN. And this will be noted later in the presentation.

The numerator includes healthcare personnel who receive an influenza vaccination during the time from when the vaccine became available, for example August or September, through March 31 of the following year.

There are five numerator fields in the NHSN module, and these are mutually exclusive. This slide shows the numerator categories as they appear on the healthcare personnel influenza vaccination summary form.

The categories include influenza vaccinations received at the healthcare facility or elsewhere, medical contraindications, declinations, and unknown vaccination status.

The first numerator category is healthcare personnel who receive an influenza vaccination either at this healthcare facility or elsewhere. Please note that these are two separate fields in the NHSN module.

The first field includes healthcare personnel who receive influenza vaccination at the healthcare facility since influenza vaccine became available this season.

The second field includes healthcare personnel that were vaccinated outside of healthcare facility since the influenza vaccine became available this season and provided a written report or documentation of influenza vaccination.

Acceptable forms of documentation include a signed statement or form, electronic form, or email from the healthcare worker or a note, receipt or a vaccination card from the outside vaccinating entity.

Verbal statements are not acceptable for the module. The second numerator category is healthcare personnel who have a medical contraindication to the influenza vaccine.

For this measure, for an inactivated influenza vaccine, accepted contraindications include a severe allergic reaction after previous vaccine dose or vaccine component including egg protein or a history of GBS within six weeks after a previous influenza vaccination.

Healthcare personnel who have a medical contraindication to live, attenuated influenza vaccine other than a severe allergic reaction to a vaccine component or a history of GBS within six weeks after previous influenza vaccination

Should be offered an inactivated influenza vaccine by their facility if that's available. Therefore the medical contraindications stated above are the only accepted contraindications for the module.

Documentation is not required for reporting a medical contraindication, and verbal statements are acceptable. The third numerator category is healthcare personnel who are declining to receive the influenza vaccine.

Documentation is not required for reporting declinations. The fourth numerator category is healthcare personnel who have unknown vaccination

status or they did not meet any of the other criteria for the other numerator categories.

Healthcare personnel working in an inpatient psychiatric facility unit that is not as an inpatient psychiatric ward within an acute care or critical access hospital has an “M” or “S” in the third position of the CCN could be reporting separately from the acute care facility in NHSN to fulfill their requirements for CMS inpatient psychiatric facility quality reporting program.

However, if a healthcare worker from an inpatient psychiatric facility unit also works in the acute care or critical access hospital during the influenza season and meets protocol definitions, then that individual could also be included in the acute care or critical access hospital counts.

Data from multiple, inpatient psychiatric facility units located within a single facility should be combined and submitted to NHSN as a single summary data report. Inpatient psychiatric facilities that are freestanding should enroll in NHSN separately and report their data separately.

You can also refer to the link that's listed on this slide to view the operational guidance for inpatient psychiatric facilities regarding the collection of healthcare personnel influenza vaccination summary data.

This slide reviews a few points about the reporting requirement. Facilities are only required to report once at the conclusion of the reporting period which is from October 1st through March 31st.

Healthcare personnel who are physically present in the healthcare facility for at least one working day between October 1st through March 31st are included in the denominator because October 1st through March 31st is the

reporting period. Therefore healthcare personnel always working offsite or out of state should not be counted since they are not physically working in the facility.

Healthcare personnel in the denominator population who receive an influenza vaccination during the time from when the vaccine became available for example August or September through March 31st of the following year are counted as vaccinated since an influenza vaccine for a given influenza season maybe available as early as August or September.

Please note that the denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories. It is important to remember that the numerator data are mutually exclusive.

The sum of the numerator categories should be equal to the denominator for each healthcare personnel group. So now I will turn things over to my colleague (Amy Webb) and she will be reviewed the remaining slides for the Webinar.

(Amy Webb): Thank you (Elizabeth). My name is (Amy Webb) and I work as a contractor in the Division of Healthcare Quality Promotion at CDC. We will now go over data entry in NHSN.

After a facility has enrolled in NHSN and/or has activated the HPS component and added users, staff members at each facility must complete two required forms the healthcare personnel safety monthly reporting plan and the healthcare personnel influenza vaccination summary.

The seasonal survey on influenza programs is not required; however, facilities are encouraged to complete this short survey as the information will be very helpful for CDC.

The survey aims to gather information on influenza vaccination programs for healthcare personnel by collecting data on the types of personnel groups that are included in a facility's annual influenza vaccination campaign, methods the facility is using to deliver influenza vaccine to its healthcare personnel, and strategies the facility uses promote and enhance healthcare personnel influenza vaccination.

Now we will go over how to navigate through NHSN. Facilities must use SAMS. You can access the NHSN activity homepage by clicking on the link listed on this slide. You will then need to enter your SAMS username and password followed by your SAMS grid card numbers.

If you have questions or need assistance with using SAMS, please contact the SAMS helpdesk toll free by phone or by email using the information listed here. This slide shows the NHSN homepage.

Select the appropriate component (healthcare personnel safety), and the facility from the dropdown boxes. Next click the submit button to proceed. While you're navigating through NHSN be sure to use the NHSN buttons and not the Web browser buttons.

When logged into NHSN you can always see which facility, user and component are in use at the top of the screen. This slide shows the healthcare personnel safety component homepage.

You will see that there is a navigation bar on the left side of the Webpage which you will use to access the different parts of the module. The monthly reporting plan collects data on the modules and months the facility plans to participate.

Influenza vaccination summary should be selected for the plan and the information is automatically updated for the entire influenza season as defined by NHSN, July 1st through June 30th.

After the initial monthly reporting plan has been added for that influenza season the user will not need to add any other reporting plans. Please note that the monthly reporting plan must be completed once each influenza season before any influenza vaccination summary data can be entered.

Please note that only acute care and critical access hospitals who have a CMS IPF unit mapped within their NHSN facility will see this screen when adding a monthly reporting plan.

First select the correct month and year from the dropdown menus. Each hospital or unit should check the appropriate box for influenza vaccination summary under the Healthcare Personnel Vaccination Module.

For example, to report data on inpatients and outpatient units for the acute care hospital you would check influenza vaccination summary for the hospital.

To report data for an inpatient psychiatric unit that is part of an acute care or critical access hospital you would check influenza vaccination summary for inpatient psychiatric facility units.

Please note that to report data for both hospital units and inpatient psychiatric facilities, both boxes on the monthly reporting plan should be checked. Please note that this is the screen that all other facilities will see such as freestanding inpatient psychiatric facilities in NHSN when adding a monthly reporting plan.

To add a monthly reporting plan click reporting plan and then add on the navigation bar then be sure to select the correct month and year from the dropdown menus. The user should select the box next to influenza vaccination summary under the Healthcare Personnel Vaccination Module.

All facilities will need to click save after making the appropriate selection. Once the reporting plan has been completed for one month as shown on this example no other reporting plans need to be added for that specific influenza season.

Each facility will use the healthcare personnel influenza vaccination summary form to collect summary data. The NHSN module consists of a single data entry screen to input summary data for each influenza season.

When a user enters data all previously entered data for that season will be overwritten. A modified date will be auto filled by the system; therefore if a facility would like to keep track of its monthly numbers it should maintain its own record of this as it will not be able to review monthly reporting numbers in NHSN.

CDC and NHSN encourages that healthcare personnel influenza vaccination summary counts be updated on a monthly basis; however, as mentioned earlier, entering a single influenza vaccination summary report at the

conclusion of the measure reporting period will meet the minimum data requirements for NHSN participation.

The user will see that the NHSN data entry screen is setup similar to the healthcare personnel influenza vaccination summary form. Question one on the form pertains to the denominator while question two through six pertain to the numerator.

The tables and instructions for the influenza vaccination summary form provides instructions and complete definitions for each data field for the denominator and numerator categories in the module.

This document is located within the influenza vaccination summary protocol. This slide highlights the employee category. The user can see the definition of an employee in the right hand column.

To enter summary data go to add under flu summary on the navigation bar. Click continue to proceed as influenza vaccination summary data appears as the default option in the dropdown menu.

Please remember that you will not be able to enter any summary data until you have first added your monthly reporting plan. Acute care or critical access hospitals with inpatient psychiatric facility units will see a slightly different screen when adding healthcare personnel influenza vaccination summary data.

The user must complete all fields marked with an asterisk on this page. Influenza and seasonal are the default choices for vaccination types and influenza subtypes. The user would then select the appropriate flu season in the dropdown box, for example 2015-2016.

The user should check the appropriate location from the dropdown box. For example, to report data on inpatient and outpatient units for the hospital you would select hospital. To report data for an inpatient psychiatric unit that is part of an acute care or critical access hospital you would select IPF unit.

Please note that to report data for both hospital units and inpatient psychiatric facility units, a summary report should be submitted for each. As with the monthly reporting plan please note that this is the screen that all other facilities such as freestanding inpatient psychiatric facilities will see on their screen in NHSN when adding the influenza vaccination summary data.

You must complete all fields marked with an asterisk on this page, influenza and seasonal are the default choices for vaccination types as well as the subtype. The user would then select the appropriate flu season in the dropdown box, for example 2015-2016.

This slide shows what the data entry screen looks like in the NHSN module. The asterisk on this screen indicates the columns that must be completed. Users can use the tab key on a computer keyboard to move across the column.

Users should enter zero in a field if no healthcare personnel at the facilities fall into the specific categories. Staff members at facilities can use the custom field function for data they would like to collect and analyze consistently such as additional detail on specific types of healthcare personnel.

The comments box can be used to enter additional information which are usually side notes or reminders. However, this information cannot be analyzed within NHSN.

If your facility would like to track subsets of individuals within NHSN such as nurses and physicians, the custom fields can be used to keep a separate count for your own purposes.

Using the custom field function is optional and we will briefly review the steps in using this. First, fill a customized form under facility on the navigation bar. You should make sure that the mandatory field for form types, forms, description, and status are completed.

Next, you should enter a label or a variable name for the custom field. You will also select a type of each custom field which will be alpha numeric, numeric, or date fields.

After this you will designate whether each field was active or inactive. Active indicates that the custom field will be available for use on the form. Inactive indicates that the user will see the custom field on the form but it will not be available for use. Lastly, you should click the save button when finished.

After clicking save a message will appear at the top of your screen indicating that the custom fields have been successfully updated. The user will not be able to see the custom fields at the bottom of their data entry screen.

For each update of the influenza vaccination summary data after the initial entry you'll see a message at the top of your screen indicating that a record of the summary data already exists.

The date last modified shows when the data were last entered and saved. Click edit at the bottom of the screen to modify existing data. Once complete be sure to save the updated data by clicking the save button at the bottom of the screen.

You should see a message confirming that your data has been saved at the top of your screen. The date last modified will also be automatically updated by NHSN. We will now go over the data analysis features for the healthcare personnel influenza vaccination summary.

For new data go to generate datasets under analysis on the navigation bar, click generate new and select okay when a message appears on your screen that says, the current datasets will be overwritten are you sure you want to continue?

Users should generate a new dataset after each time they enter new data into the system. Next go to output options under analysis on the navigation bar. You will see several folders on the screen.

Inpatient psychiatric facilities that are enrolled separately or freestanding inpatient psychiatric facilities should click on the HCW vaccination module, influenza and CDC defined output folders.

To view the default output, click run to see the total numbers or summary counts, percentages and vaccination compliance figures and vaccination noncompliance figures.

For inpatient psychiatric facility units that are mapped as a location within an acute care or critical access hospital click on the HCW vaccination module, influenza, IPF influenza, and CDC defined output folders.

Therefore these units will need to click on an extra folder to view their data. Clicking on run will display the default outputs. The user can see the summary counts listed by influenza season and by variable.

This example shows that 400 employees worked during their required time period during the 2011-2012 influenza season while 25 employees worked during the required time period during the 2012-2013 influenza season.

Two overall totals are presented. One number includes the total number of healthcare personnel working without other contract personnel which is 420 healthcare personnel for the 2011-2012 influenza season.

And that number shows the total number of healthcare personal working with other contract personnel which is 427 healthcare personnel for the 2011-2012 influenza season.

Please note that reporting contract personnel is not currently required therefore it's fine if 0 is entered for the number of contractors even if there are contractors working in a given facility.

The user can view percentages for each variable. In the highlighted example 50% of employees received their vaccinations at the healthcare facility in 2011-2012, and 40% of the employees received their vaccinations at the healthcare facility in 2012-2013.

To compute the percentages in this example, the number of employee's vaccinated onsite was divided by the number of employees working during the required time period. This number was then multiplied by 100 to obtain a percentage.

This slide shows vaccination compliance percentages excluding other contract personnel. Please note that vaccination compliance including other contract personnel can also be viewed.

This example indicates that 72% of healthcare personnel were vaccinated either at this facility or elsewhere in 2011-2012. Also 53% of healthcare personnel were vaccinated in 2012-2013.

The percentages for vaccination compliance are created by adding the total number of healthcare personnel who are vaccinated onsite to the total number of healthcare personnel who are vaccinated elsewhere excluding other contract personnel.

Then dividing this number by the total number of healthcare personnel working during that required time period again, excluding other contract personnel then multiplying this number by 100 to obtain a percentage.

This slide shows vaccination noncompliance percentages excluding other contract personnel. This example indicates that 27% of healthcare personnel were not vaccinated in 2011-2012 and also 35% of healthcare personnel were not vaccinated in 2012-2013.

The percentages for vaccination noncompliance are created by adding the total number of healthcare personnel who declined vaccination to the total number of healthcare personnel with unknown vaccination status excluding other contract personnel.

This number is divided by the total number of healthcare personnel working during the required time period, again excluding other contract personnel and then multiplied by 100 to obtain a percentage.

Facilities can visit the NHSN Website using the link listed on this slide. The Website contains links to the protocol, data collection forms, frequently asked

questions, comprehensive training slides, and recorded trainings for the healthcare personnel influenza vaccination summary reporting.

If you have any questions about NHSN please send an email to user support at NHSN@CDC.gov. You should also include HPS flu summary in the subject line of your email and specify IPF or inpatient psychiatric facility as this will help us to better assist you.

This concludes the slide presentation for the Webinar. Now we will have the opportunity to take a few questions.

Coordinator: All right, thank you. At this time we're going to begin the question and answer session. If you would like to ask a question please press the star 1 and please record your name.

Your name is required to ask a question. To withdraw your questions press star 2. Once again, star 1 to ask a question. And our first question comes from (Deborah).

(Deborah): I was wondering how we get the slides for the presentation.

(Elizabeth Kalayil): The slides are actually posted on the CDC Website. And if you go to the link that's listed on slide 65 that actually has a link to the training materials Webpage and you can find the slides on that Website.

(Deborah): Thank you.

(Elizabeth Kalayil): You're welcome.

Coordinator: And our next question comes from (Matt Hoffman).

(Matt Hoffman): Hi, I have a question regarding some information about the requirement to improve vaccination rates year to year. Do you know anything about that?

(Megan Lindley): (Matt), this is (Megan Lindley) from CDC. I believe that's a joint commission requirement, is that correct?

(Matt Hoffman): I think so and I'm just wondering because I had not seen any information regarding what, if any, repercussions there are when an organization does not show that improvement. I know its part of the Healthy People 2020 initiative but I wasn't sure if you guys knew anything about that.

(Megan Lindley): Since the joint commission is separate from CDC that's not necessarily something we can answer. I know that they do have a lot of information on their page. If you can't find it you can send us an email to NHSN@CDC.gov and we can forward it to them.

(Matt Hoffman): Great, thank you.

Coordinator: The next question is from (Carrie Guyer).

(Carrie Guyer): Yes, I was wondering I work at a freestanding psychiatric facility inpatient we also have an outpatient facility, are we reporting both inpatient and outpatient staff members?

(Elizabeth Kalayil): No, you're only reporting data on healthcare personnel working in your inpatient psychiatric facility.

(Carrie Guyer): Okay, thank you.

Coordinator: The next question is from (Larry Kerupsok).

(Larry Kerupsok): Hi, we have an inpatient psychiatric facility within our medical center and we're still kind of confused on how do we separate our personnel from the acute care and the inpatient psych unit because all of our personnel go to all the units, in theory.

So I'm a little bit confused like how are we going to count our denominators when every environmental service worker has a potential to go to the mental health unit, for instance. And every pharmacist and every nurse could float there and there's meeting rooms on that unit.

Are we supposed to count the separately or are we supposed to, you know, include them all together? So do we have 4,000 healthcare workers in the mental health unit and 4,000 in the acute care center and how do we - so how do we separate those out?

(Megan Lindley): So there's a strategy sheet posted on the NHSN Website that includes some tips that were actually gathered from acute care hospitals in the first year of reporting but they're potentially applicable to other kinds of healthcare facilities and that included kind of ways that they've chosen to separately track.

And we know that there can be a lot of overlap in facilities like this and ask you to do your best. If it's really true that 100% of the personnel in your acute care facility might also potentially be in your mental health unit during the reporting period then, yes you would report them in both places.

(Larry Kerupsok): Okay, thanks.

Coordinator: The next question is from (Annette Beock).

(Annette Beock): Yes. And I think my question was mainly answered but just to clarify so if we're reporting for our acute hospitals, our inpatient rehab and our inpatient psych unit those individuals that specifically work on acute rehab and are inpatient psych we would not include those in our acute care?

(Elizabeth Kalayil): That's correct. Basically if they only work in your inpatient rehab and inpatient psychiatric unit then you would count them in those two units. And if they don't work in the acute care facility then you would not include them in your acute care account.

(Annette Beock): Okay, thank you.

(Elizabeth Kalayil): You're welcome.

Coordinator: And the next question is from (Susan Martino).

(Susan Martino): Hello. I actually am registered in the NHSN for a long term care facility but my institution consists of a long term care facility and acute inpatient behavioral health. How does that work?

(Megan Lindley): Do you know if your acute inpatient behavioral health unit or area is CMS certified separately from the long term care facility?

(Susan Martino): I'm not sure.

(Megan Lindley): (Amy), I don't know if you have any other advice that's probably the first thing to determine because this requirement is for CMS certified facilities. And if you're not able to determine that if you want to send us an email to

NHSN@CDC.gov with your specific circumstances we can help you. Any other thoughts, (Amy)?

(Amy Webb): Yes. So your billing or administrative department should have that information. If you ask them for your facility's CMS certification numbers or CCN's that's what your facility uses to bill CMS for your Medicare patient.

(Susan Martino): Okay.

(Amy Webb): So they should have that information.

(Susan Martino): Okay, thank you.

(Amy Webb): And then if you could provide - when you email provide us with those numbers then we can guide you as to what reporting programs your facility qualifies for.

(Susan Martino): Thank you.

Coordinator: Our next question is from (Lisa Brayman).

(Lisa Brayman): Yes, I'm assuming this is mandatory?

(Megan Lindley): So this program it's part of the CMS quality reporting program for inpatient psychiatric facilities so just to clarify that's not a CDC program. We're providing the mechanism for you to report.

Our understanding is that if facilities fail to report this program there's potentially a 2% decrease in your annual payment update from CMS.

(Lisa Brayman): Okay, thank you.

Coordinator: I have a question from (Brenda Pulfree).

(Brenda Pulfree): Yes, you mentioned a strategy sheet for determining what staff would be included or not be included. Where would you find that again?

(Elizabeth Kalayil): Yes. If you look at slide 65 we have a link to our training materials. And if you go to that link then you'll see the strategy sheet posted on that page.

(Brenda Pulfree): It's just labeled strategy sheet?

(Elizabeth Kalayil): Yes. It's under the supporting materials link that you'll see on the page.

(Brenda Pulfree): Great. Thank you very much.

(Elizabeth Kalayil): You're welcome.

Coordinator: All right. Once again if you do have a question please press the star 1 and please record your name. Okay. And we have a question from (Deborah).

(Deborah): Disregard it. Actually I was trying to find the slides and I actually did now find them. It's just not listed - they're listed for 2014 date on them.

(Megan Lindley): Okay, we'll check that out. The slides that are posted should be the most recent one but we'll make sure that there's not an error in the way they're labeled. Thank you for pointing that out.

(Deborah): Yes, they match what you had up but yes, they're labeled - maybe it was when you developed them in August of 2014, I don't know.

(Megan Lindley): We migrated the Website recently so that may be why but we'll look at that, thank you.

(Deborah): Okay, thanks.

Coordinator: All right. And we do have a question from (Debbie).

(Debbie): Hi, I just wanted to clarify if a healthcare worker brings - does not have to bring documentation that they have had the flu vaccine elsewhere if they sign something they do not have to actually bring the documentation, is that correct?

(Elizabeth Kalayil): Yes.

(Debbie): Including physicians? But we cannot take verbal? So if they sign that they got it someplace else with the dates that's good enough, correct?

(Elizabeth Kalayil): Yes, that's correct.

(Debbie): Okay.

(Elizabeth Kalayil): So, you know, they might send you an email saying that they received vaccination at a CVS Pharmacy in September 2015, yes.

(Debbie): Correct, okay. And that's good. Okay. And that's for healthcare providers also besides the physicians, correct?

(Elizabeth Kalayil): Yes. It's basically anyone.

(Debbie): Okay, good. Thank you.

(Elizabeth Kalayil): You're welcome.

Coordinator: The next question is from (Mary Ann Keller).

(Mary Ann Keller): Yes, if you have staff that reports to the inpatient unit from supporting departments and they're only there for an hour or two does that eight hours become cumulative for the entire flu season?

(Elizabeth Kalayil): Well if they are only there for a few hours then that counts as one day. So, the reporting requirements are saying that you should count someone who is in that facility for one day or more during the reporting periods that's October 1st through March 31st. So if they're in there for at least one day then you would be counting them.

(Mary Ann Keller): No, but if they go - like food service goes there for half an hour three times a week to deliver trays.

(Elizabeth Kalayil): Right.

(Mary Ann Keller): So they would be counted?

(Elizabeth Kalayil): Yes, you would count them.

(Mary Ann Keller): Okay. All right, thank you.

Coordinator: The next question is from (Karen Williams).

(Karen Williams): Yes, hi. We have an inpatient psych unit that falls under my acute care facility. My question is in the CCN number the effective date where should that be started, 2015?

(Megan Lindley): (Amy), can you help with that?

(Amy Webb): - Yes, you can enter either January 1, 2015 or you can enter the actual date that the unit received at CCN from CMS if you have that information available to you. If you don't, again, January 1, 2015 is appropriate.

(Karen Williams): Okay, this came up with our inpatient rehab unit and we had to go back and refix the dates so I just wanted to make sure that we had it right.

(Amy Webb): Yes.

(Karen Williams): Okay, thanks.

Coordinator: Okay the next question I'm not sure if it's (Linda) or (Glinda).

(Linda): Hi, it's (Linda), thanks.

Coordinator: (Linda).

(Linda): I think my question got answered about the staff who get the flu shot offsite but verbal is not acceptable but I had a form that I had them sign documenting when and where they had it. And I think that got answered that that's acceptable?

(Elizabeth Kalayil): Yes, that's correct.

(Linda): Very good, thank you.

Coordinator: All right, your last question is (Lisa Dublin).

(Lisa Dublin): Hi, yes. I know this is for the healthcare personnel. Do you have a separate Webinar for reporting patient information?

(Megan Lindley): So at this time - (Amy) correct me if I'm wrong, I don't believe that there's capability in NHSN to report patient-level vaccination.

(Amy Webb): Only for dialysis patients.

(Megan Lindley): Okay.

(Amy Webb): Outpatient dialysis patients.

(Lisa Dublin): Okay, so the patient information for flu vaccinations is not reported on this?

(Megan Lindley): That's correct.

(Amy Webb): Not reported into NHSN if that's a CMS requirement then that's going to be reported into a separate just for standard purposes.

(Lisa Dublin): Okay, got you. Okay, thank you.

(Amy Webb): So you don't need to double.

(Lisa Dublin): Yes, okay. Good, thank you.

Coordinator: All right. There are no other questions at this time.

(Elizabeth Kalayil): Okay. I wanted to say thank you to everyone who participated and if you do have any other questions feel free to email us at NHSN@CDC.gov and we'll be happy to assist you.

Coordinator: Okay, thank you. This does complete today's conference you may disconnect at this time.

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